FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00020718 22 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Mario E. NAME Date Received **ELECTRONICALLY FILED** 01/13/2025 NICKNAME LAST **SUFFIX** Ramirez Jr. CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 6521 N. 10th St., Ste. A MAILING Amount Receipt # **ADDRESS** X Change of Address McAllen, TX 78504 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Imelda NAME NICKNAME LAST **SUFFIX** Tootsie Barrera **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 6521 N. 10th St., Ste. A **ADDRESS** (Residence or Business) McAllen, TX 78504 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (956) 655-9700 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special

GO TO PAGE 2

12 OFFICE SOUGHT (if known)

None

11 OFFICE

OFFICE HELD (if any)

District Judge District 332 Hidalgo

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 22

| 13 C / OH NAME | Ramirez Jr., Mario E. | (The Honorable) |) | 14 Filer ID 00020718 | (Ethics Cor | nmission Filers) |
|--|--|----------------------|--|-----------------------------|--------------------------------|-------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | These expenditure | ns accepted or political expensions is may have been made without required to report this information. | out the candidate's or of | fficeholder's kr | nowledge or |
| Additional Pages | COMMITTEE TYPE | COMMITTEE NAI | ME | | | |
| ш , | GENERAL | | | | | |
| | | COMMITTEE ADI | DRESS | | | |
| | SPECIFIC | | | | | |
| | | COMMITTEE CAI | MPAIGN TREASURER NAME | ≣ | | |
| | | COMMITTEE CAI | MPAIGN TREASURER ADDF | RESS | | |
| 16 CONTRIBUTION | 1. TOTAL UNITEM | 7FD POLITICAL (| CONTRIBUTIONS(OTHER TH | HAN PLENGES LOAN | s | |
| TOTALS | | | R CONTRIBUTIONS MADE E | | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | | | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | IZED POLITICAL E | EXPENDITURES | | \$ | 0.00 |
| | 4. TOTAL POLIT | ICAL EXPENDIT | URES | | \$ | 21,004.35 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | | NS MAINTAINED AS OF THI | E LAST DAY OF THE | \$ | 46,204.50 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIF OF THE REPOR | | ALL OUTSTANDING LOANS | AS OF THE LAST DAY | \$ | 0.00 |
| 17 AFFIDAVIT | | | | | | |
| | | | I swear, or affirm, under pen true and correct and include under Title 15, Election Code | s all information require | accompanyin ed to be report | g report is ed by me |
| | | | The Hono | orable Mario E. Ram | irez Jr. | |
| | | | Signature | of Candidate or Office | holder | |
| AFFIX NO | TARY STAMP / SEAL AB | OVE | | | | |
| | scribed before me, by the said, this the | | | | | day |
| of | , 20, to co | ertify which, witnes | s my hand and seal of office. | | | |
| | | | | | | |
| Signature of office | cer administering oath | Printed name | e of officer administering oath | Title of off | icer administe | ring oath |

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

3 of 22

| | | | | 3 01 22 |
|--------------|---|-------------|--------------|-----------------|
| 18 FILER NAM | | 19 Filer ID | (Ethics Comn | nission Filers) |
| Ramirez J | 00020718 | _ | | |
| NAME OF | SUBTO ⁻ | TAL AMOUNT | | |
| 1. X | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | | \$ | 0.00 |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 3. X | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | | \$ | 0.00 |
| 4. X | SCHEDULE E(J): LOANS (JUDICIAL) | | \$ | 0.00 |
| 5. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ | 18,191.26 |
| 6. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 7. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION | ONS | \$ | 0.00 |
| 8. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 |
| 9. X | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | | \$ | 2,813.09 |
| 10. | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS | OF C/OH | \$ | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI | ONS | \$ | |
| 12. X | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED | \$ | 1,551.33 |
| | | | <u> </u> | |

| PLEDGE | D CONTRIBUTIONS (JUDICI | AL) | | SCHEE | OULE B(J) |
|---------------------------------|--|-----------------------------------|-------------------------|----------------------|---------------------------|
| The Ins | truction Guide explains how to comple | 1 Total pages Sc Sch: 1/1 Rpt: | | | |
| 2 FILER NAME Ramirez Jr., Ma | ario E. (The Honorable) | | 3 Filer ID (| Ethics Commiss | on Filers) |
| TOTAL OF UNITEMIZED PLEDGES | | | | \$ | 0.00 |
| 5 Date | 6 Full name of pledgor out-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip | | 8 Amount of pledge (\$) | 9 In-kind I (If a | description oplicable) |
| | | | Check if travel of | utside of Texas | . Complete Schedule T. |
| 10 Pledgor's princip | al occupation | 11 Pledgor's job title | • | | |
| 12 Pledgor's employ | /er/law firm | 13 Law firm of pledgor's | s spouse (if any) | | |
| 14 If pledgor is a ch | ild, law firm of parent(s) (if any) | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | LOANS (J | UDICIAL) | | | | SCHE | DULE E | (J) |
|-----------------------------------|------------------------------------|--|--|--------|------------|--------------------|-------------|--------|
| | The Instructio | The Instruction Guide explains how to complete this form. 1 Total parameters Sch: 1 | | | | | | |
| 2 | FILER NAME Ramirez Jr., Mar | FILER NAME Ramirez Jr., Mario E. (The Honorable) | | | | | mmission Fi | ilers) |
| 4 | TOTAL OF UN | IITEMIZED LOANS | | | | \$ | | 0.00 |
| 5 | Date of loan | 7 Name of lender ut-of-state P | AC (ID#: | |) | 9 Loan An | mount (\$) | |
| 6 | Is lender a financial institution? | 8 Lender address; City; State; | Zip Code | | | 10 Interest | | |
| | | | | | | 11 Maturity | Date | |
| 12 | 2 Lender's Principal | Occupation | 13 Lender's Job Title | | | | | |
| 14 | 1 Lender's Employer | r/Law Firm | 15 Law Firm of lender's spous | se (if | any) | | | |
| 16 | If lender is child, la | aw firm of parent(s) (if any) | 1 | | | | | |
| 17 Description of Collateral None | | | 18 Check if personal funds were deposited into political account (See Instructions) | | | | | |
| 19 | GUARANTOR INFORMATION | 20 Name of guarantor | • | | | 22 Amount | Guarantee | d (\$) |
| 23 | not applicable not applicable | 21 Guarantor address; City; State; pal Occupation | Zip Code 24 Guarantor's Job Title | | | | | |
| 25 | 5 Guarantor's Emplo | over/Law Firm | 26 Law Firm of guarantor's sp | OUS: | e (if any) | | | |
| | · | | 20 Law Film Or guarantor 5 Sp | | | | | |
| 27 | ' If guarantor is child | d, law firm of parent(s) (if any) | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Man Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|----------|--|---|
| <u> </u> | T. 1 01 11 E4 | <u> </u> |
| 1 | Total pages Schedule F1: Sch: 1/14 Rpt: 6/22 | 2 FILER NAME Ramirez Jr., Mario E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020718 |
| 4 | Date | 5 Payee name |
| | 10/17/2024 | ALEMAN, MARIO (Mr.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$600.00 | 1409 E. MCINTYRE ST. |
| | | |
| | | EDINBURG, TX 78541 |
| | | EDINBORG, 1A 76541 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense |
| | | CONTEMPORARY ACOUSTIC GUITAR ENTERTAINMENT FOR RETIREMENT FUNCTION |
| | | ENTERTAINMENT FOR RETIREMENT FONCTION |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | Date | Payee name |
| | 12/17/2024 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | • , | |
| | \$173.80 | P. O. BOX 537104 |
| | | |
| | | ATLANTA, GA 30353-7104 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | Office Overhead/Rental Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| H | Data | Dove name |
| | Date | Payee name |
| | 11/18/2024 | AT&T |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$171.82 | P. O. BOX 537104 |
| | | |
| | | ATLANTA, GA 30353-7104 |
| _ | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF | l |
| | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| | | |
| 1 | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|------|--|---|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 2/14 Rpt: 7/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 |
| 4 | Date | 5 Payee name |
| l | 10/17/2024 | AT&T |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| l | \$171.79 | P. O. BOX 537104 |
| l | | |
| | | ATLANTA, GA 30353-7104 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| l | | Check if Austin, TX, officeholder living expense MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| l | | MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| Ļ | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | | |
| | Date | Payee name |
| l | 09/17/2024 | AT&T |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| l | \$343.58 | P. O. BOX 537104 |
| l | | |
| | | ATLANTA, GA 30353-7104 |
| l | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| l | | Check if Austin, TX, officeholder living expense MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| l | | MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| ⊢ | Commiste ONII V if diseast | Condidate/Officeholder name |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| L | <u> </u> | |
| l | Date | Payee name |
| | 07/17/2024 | AT&T |
| Г | Amount (\$) | Payee address; City; State; Zip Code |
| l | \$171.79 | P. O. BOX 537104 |
| l | | |
| | | ATLANTA, GA 30353-7104 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| l | OF EXPENDITURE | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. |
| l | | Check if Austin, TX, officeholder living expense |
| l | | MONTHLY CAMPAIGN CELL PHONE EXPENSE |
| dash | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | S. portantare to borient 0/01 | · |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

| | Credit Card Payment | The Instruction Guide explains how to complete this form. |
|----------|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 3/14 Rpt: 8/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 |
| 4 | Date | 5 Payee name |
| | 12/16/2024 | BARRERA, IMELDA (Mrs.) |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$1,446.27 | 2804 Hibiscus Ave |
| | | |
| | | McAllen, TX 78501 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | | Check if Austin, TX, officeholder living expense REIMBURSEMENT FOR ANNUAL CHRISTMAS |
| | | DINNER FOR OFFICE HOLDER & KEY CAMPAIGN |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| 9 | expenditure to benefit C/O | |
| \vdash | Data | |
| | Date 10/25/2024 | Payee name BARRERA, JOE |
| | | |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$178.61 | 2804 HIBISCUS AVE. |
| | | WO W TV TV TOTAL |
| | | MCALLEN, TX 78501 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | REIMBURSEMENT FOR GIFT FOR VICTOR |
| | | GARZA, HIDALGO CO. ATTORNEY |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 10/01/2024 | CONTRERAS, RICARDO |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 100 N. CLOSNER, 1ST FLOOR |
| | | |
| | | Edinburg, TX 78539 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | LAFENDITORE | Candidate/Officeholder/Political Committee |
| | | DONATION FOR 15TH ANNUAL COURTHOUSE HALLOWEEN COSTUME CONTEST |
| | Complete ONLY if allows: | |
| | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political (

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee | Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp | | Expen s/Wage | se s/Contract Labor | | Travel in District Travel Out of Dis OTHER (enter a | strict category not listed above) |
|----------|---|-----------------|---|---------------|-----------------|-----------------------------|--------|---|--------------------------------------|
| 1 | Total pages Schedule F1: | 2 FILER NAM | E | | | | 3 | Filer ID | (Ethics Commission Filers) |
| L | Sch: 4/14 Rpt: 9/22 | Ramirez Jr | ., Mario E. (The Honora | able) | | | | 00020718 | |
| 4 | Date | 5 Payee name |) | | | | | | |
| | 09/06/2024 | | ATIC ALLIANCE PAC | | | | | | |
| 6 | Amount (\$) | 7 Payee addre | ess; City; S | State; Zip C | Code | | | | |
| | \$250.00 | 700 VETER | RANS BLVD., STE. B | | | | | | |
| | | | | | | | | | |
| | | SAN JUAN | , TX 78589 | | | | | | |
| 8 | PURPOSE | (a) Category (s | See Categories listed at the top of t | his schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | ns/Donations Made By | | | | | | plete Schedule T. |
| | LAI LADITURE | Candidate/ | Officeholder/Political C | ommittee | | ш | | officeholder living | |
| | | | | | | GETOUTTE | ⊣⊨L | JEMOCRAI | FIC VOTE DONATION |
| <u> </u> | 0 1. 0 | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | ficeholder name | Office so | ought | | | Office he | eld |
| H | Date | Payee name | <u> </u> | | | | | | |
| | 12/09/2024 | 1 | FOR BROWNSVILLE | | | | | | |
| - | Amount (\$) | Payee addre | | State; Zip C | ahn? | | | | |
| | \$200.00 | , | GIN DE SAN JUAN BL | | Joue | | | | |
| | φ200.00 | 100 N. VIR | OIN DE SAN JUAN DE | ν D . | | | | | |
| | | SAN JUAN | l, TX 78589 | | | | | | |
| _ | PURPOSE | | | | (h) | Docorintian | | | |
| | OF | | See Categories listed at the top of the ns/Donations Made By | | (0) | Description Check if travel | outsid | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | Officeholder/Political C | | | = | | officeholder living | |
| | | | | | | | _ | - | NUAL SPIRIT AWARDS |
| | | | | | | BANQUET F | OR | OUR LADY | OF SORROWS |
| | Complete ONLY if direct | | ficeholder name | Office so | ought | | | Office he | eld |
| | expenditure to benefit C/O | | | | | | | | |
| | Date | Payee name | 2 | | | | | | |
| | 09/20/2024 | EDINBURG | G NORTH BOYS BASK | ETBALL | | | | | |
| | Amount (\$) | Payee addre | ess; City; | State; Zip C | Code | | | | |
| | \$30.00 | 3101 N. CI | OSNER BLVD. | | | | | | |
| | | | | | | | | | |
| | | EDINBURG | G, TX 78539 | | | | | | |
| | PURPOSE | (a) Category (S | See Categories listed at the top of t | his schedule) | (b) | Description | | | |
| | OF EXPENDITURE | | ns/Donations Made By | | | ш | | | plete Schedule T. |
| | | Candidate/ | Officeholder/Political C | ommittee | | _ | | officeholder living | g expense |
| | | | | | | FUNDRAISE | ĸL | JONATION | |
| | Complete ONLY if direct | Candidate/Of | ficeholder name | Office so | l lab+ | | | Office he | ald |
| | expenditure to benefit C/O | | ncentiuei Haille | Onice st | Jugiil | | | Onice ne | ziu |
| | | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

| | Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee | Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide | ense Pi Si | - | ense Jes/Contract Labor | Travel in Dist Travel Out of OTHER (ente | |
|---|--|---|--|------------------|--------------------|----------------------------|--|---|
| 1 | Total pages Schedule F1: | | M | | | | 3 Filer ID | (Ethics Commission Filers) |
| | Sch: 5/14 Rpt: 10/22 | | Mario E. (The Hor | norable) | | | 0002071 | 8 |
| 4 | Date 08/07/2024 | 5 Payee nameEL FENIX B | AKERY | | | | | |
| 6 | Amount (\$) | 7 Payee addres | s; City; | State; Z | Zip Code | <u> </u> | | |
| | \$29.00 | 718 E. UNIV | ERSITY DR. | | | | | |
| | | EDINBURG, | , TX 78539 | | | | | |
| 8 | PURPOSE OF | | e Categories listed at the to | p of this schedu | _{ile)} (b | Description | | |
| | EXPENDITURE | Food/Bevera | age Expense | | | Check if Austin | i, TX, officeholder liv | omplete Schedule T. ving expense Y CAMPAIGN WORKERS |
| 9 | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Offic | ceholder name | Offic | ce sough | it | Office | held |
| | Date | Payee name | | | | | | |
| | 09/20/2024 | EL FENIX B | AKERY | | | | | |
| | Amount (\$) | Payee addres | | State; Z | Zip Code | 2 | | |
| | \$57.00 | 718 E. UNIV | ERSITY DR. | | | | | |
| | | EDINBURG, | , TX 78539 | | | | | |
| | PURPOSE OF | | e Categories listed at the to | p of this schedu | _{ile)} (b | Description | outoido of Taylor O | amplata Sahadula T |
| | EXPENDITURE | Food/Bevera | age Expense | | | <u> </u> | outside of Texas. C ı, TX, officeholder liv | omplete Schedule T. ving expense |
| | | | | | | SWEET BRE AND SUPPO | | Y CAMPAIGN WORKERS |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Offic | ceholder name | Offic | ce sough | t | Office | held |
| | Date | Payee name | | | | | | |
| | 08/20/2024 | GONZALEZ | , DIANDRA (Mrs.) | | | | | |
| | Amount (\$) \$702.50 | Payee addres | | State; Z | Zip Code | ; | | |
| | | MCALLEN, | TX 78504 | | | | | |
| | PURPOSE OF | | e Categories listed at the to | p of this schedu | ıle) (b |) Description | | |
| | EXPENDITURE | Printing Exp | ense | | | ш | outside of Texas. C , TX, officeholder liv | omplete Schedule T. ving expense |
| | | | | | | ш | F SAVE THE | DATE INVITES FOR |
| | Complete ONLY if direct expenditure to benefit C/Oh | Candidate/Offic | ceholder name | Offic | ce sough | t | Office | held |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Mad Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|--|---|
| | | <u> </u> |
| 1 | Total pages Schedule F1: Sch: 6/14 Rpt: 11/22 | 2 FILER NAME Ramirez Jr., Mario E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020718 |
| 4 | Date 10/30/2024 | 5 Payee name GONZALEZ, DIANDRA (Mrs.) |
| 6 | Amount (\$) \$900.00 | 7 Payee address; City; State; Zip Code 4403 JAY COURT MCALLEN, TX 78504 |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense INVITATIONS PRINTING EXPENSE FOR THE RETIREMENT FUNCTION |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 12/05/2024 | Payee name GONZALEZ, DIANDRA (Mrs.) |
| | Amount (\$) \$612.50 | Payee address; City; State; Zip Code 4403 JAY COURT MCALLEN, TX 78504 |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense PRINTING EXPENSE OF PROGRAMS FOR RETIREMENT FUNCTION |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | Date 12/02/2024 | Payee name GUERRA, LETTY (Mrs.) |
| | Amount (\$) \$3,050.00 | Payee address; City; State; Zip Code 1505 DUKE AVE. MCALLEN, TX 78504 |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense EVENT PLANNER EXPENSE FOR RETIREMENT FUNCTION |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 7/14 Rpt: 12/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 |
| 4 | Date | 5 Payee name |
| | 08/14/2024 | H.E.B. GROCERY STORE |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$126.68 | 1212 S. CLOSNER BLVD. |
| | | |
| | | EDINBURG, TX 78539 |
| 8 | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | EXPENDITURE | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | PURCHASE OF FOOD, SNACKS AND |
| | | BEVERAGES FOR CAMPAIGN OFFICE |
| 9 | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 1 |
| | Date | Payee name |
| | 10/30/2024 | HIDALGO COUNTY BAIL BOND ASSOCIATION |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$250.00 | P. O. BOX 1404 |
| | | |
| | | EDINBURG, TX 78540 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | | Candidate/Officeholder/Political Committee |
| | | ANNOAL TOT BRIVE BONATION |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/OI | 4 · · · · · · · · · · · · · · · · · · · |
| | Date | Payee name |
| | 10/01/2024 | HIDALGO COUNTY BAR ASSOCIATION |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$100.00 | 323 W. CANO ST. |
| | | |
| | | EDINBURG, TX 78539 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. |
| | | Check if Austin, TX, officeholder living expense PURCHASE OF HCBA MEMBERS DIRECTORY |
| | | FOR MAIL OUT INVITATIONS |
| H | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | |
| | | |
| | | |
| l | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | |
|---|---|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| | Sch: 8/14 Rpt: 13/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 |
| 4 | Date | 5 Payee name |
| | 09/26/2024 | HIDALGO COUNTY TAX OFFICE |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code |
| | \$100.00 | 2804 S. BUS. HWY. 281 |
| | | |
| | | EDINBURG, TX 78539 |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Contributions/Donations Made By |
| | LXI LINDITORL | Candidate/Officeholder/Political Committee |
| | | ANNUAL THANKSGIVING RAFFLE DONATION |
| | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held |
| | Date | Payee name |
| | 12/16/2024 | HOLIDAY WINE & LIQUOR |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$2,493.29 | 1912 N. 10TH STREET |
| | Ψ2,433.23 | 1312 N. 10111 31NEE1 |
| | | MCALLEN, TX 78501 |
| | PURPOSE | |
| | OF | (a) Category (See Categories listed at the top of this schedule) (b) Description Cift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. |
| | EXPENDITURE | Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |
| | | CHRISTMAS GIFTS FOR KEY CAMPAIGN |
| | | SUPPORTERS AND CAMPAIGN WORKERS |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| H | Date | Payee name |
| | 12/30/2024 | HOLIDAY WINE & LIQUOR |
| | | - |
| | Amount (\$) | Payee address; City; State; Zip Code |
| | \$71.43 | 1912 N. 10TH STREET |
| | | |
| | | MCALLEN, TX 78501 |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| | OF EXPENDITURE | Food/Beverage Expense |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense |
| | | BEVERAGE EXPENSE FOR CAMPAIGN MEETING |
| | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| | expenditure to benefit C/O | 1 |
| | | |
| | | |
| | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | _ | | | | | | | | |
| _ | Sch: 9/14 Rpt: 14/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 | | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | | |
| | 10/25/2024 | LA OLLA RESTAURANT | | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$54.09 | 424 E. UNIVERSITY DR. | 424 E. UNIVERSITY DR. | | | | | | | | |
| | | EDINBURG, TX 78539 | | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | OF EXPENDITURE | Food/Beverage Expense | | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | _ | | | | | | | | |
| | | FOOD AND DRINKS FOR CAMPAIGN WORKER | 5 | | | | | | | | |
| • | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| 9 | expenditure to benefit C/OI | The state of the s | | | | | | | | | |
| | Date | Payee name | | | | | | | | | |
| | 09/30/2024 | MARGARITA'S FLOWER SHOP | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$96.58 | 901 E. CANO | | | | | | | | | |
| | | | | | | | | | | | |
| | | EDINBURG, TX 78539 | | | | | | | | | |
| PURPOSE OF | | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| OF EXPENDITURE | | Contributions/Donations water by | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | | Candidate/Officeholder/Political Committee | | | | | | | | | |
| | | TONEINAL TEOWERS FOR CONSTITUENT | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | | | |
| H | Date | Payee name | _ | | | | | | | | |
| | 11/08/2024 | MARGARITA'S FLOWER SHOP | | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | | |
| | \$300.00 | 901 E. CANO | | | | | | | | | |
| | | | | | | | | | | | |
| EDINBURG, TX 78539 | | | | | | | | | | | |
| PURPOSE OF | | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | | |
| | EXPENDITURE | Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | | | | |
| | | Candidate/Officeholder/Political Committee | т | | | | | | | | |
| | | THANKSGIVING LUNCHEON | • | | | | | | | | |
| \vdash | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | | | |
| | | | | | | | | | | | |
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| I | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|
| | | The Instruction Guide explains how to complete this form. | | | | | | |
| 1 | Total pages Schedule F1: Sch: 10/14 Rpt: 15/22 | 2 FILER NAME Ramirez Jr., Mario E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00020718 | | | | | | |
| 4 | Date | F. Davis same | | | | | | |
| 4 | 12/02/2024 | 5 Payee name MARINE CORP. LEAGUE COLOR GUARD-RGV DETACHMENT | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$200.00 | 2721 W. SPRAGUE | | | | | | |
| | | | | | | | | |
| | | EDINBURG, TX 78539 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | | Contributions/Donations Made By | | | | | | |
| | LAFENDITORE | Candidate/Officeholder/Political Committee | | | | | | |
| | | DONATION FOR THEIR APPEARANCE/SERVICES | | | | | | |
| | | AT THE RETIREMENT FUNCTION | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | |
| | Date | Payee name | | | | | | |
| | 07/09/2024 | MARTINEZ, JIMMY (Mr.) | | | | | | |
| _ | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$350.00 | 10 EMILIA STREET | | | | | | |
| | Φ350.00 | 10 EMILIA STREET | | | | | | |
| | | RIO GRANDE CITY, TX 78582 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | LXI LINDITORL | Check if Austin, TX, officeholder living expense | | | | | | |
| | | PHOTOGRAPHER RETAINER FOR RETIREMENT FUNCTION | | | | | | |
| | | TONCTION | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | |
| | Date | Payee name | | | | | | |
| | 12/04/2024 | MARTINEZ, JIMMY (Mr.) | | | | | | |
| _ | | | | | | | | |
| | Amount (\$) | | | | | | | |
| | \$1,465.00 | 10 EMILIA STREET | | | | | | |
| | RIO GRANDE CITY, TX 78582 | | | | | | | |
| | | | | | | | | |
| | PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | | | |
| | | PHOTOGRAPHY SERVICES BALANCE FOR | | | | | | |
| RETIREMENT FUNCTION | | | | | | | | |
| _ | Complete ONU V If allow | Condidate/Officeholder name | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held | | | | | | |
| | OTIGITATION TO DOTTOTIC O/OI | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | | |
| | Sch: 11/14 Rpt: 16/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 | | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | | |
| | 10/04/2024 | MARTINEZ, ROLAND | | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | | |
| | \$100.00 | 2909 NORTHGATE LANE | | | | | | | | |
| | | | | | | | | | | |
| | | MCALLEN, TX 78504 | | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | | | | | | | |
| | | Candidate/Officeholder/Political Committee | | | | | | | | |
| | | TEAM RAFFLE | | | | | | | | |
| _ | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 10/30/2024 | OFFICE DEPOT | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$42.20 | 5115 N. 10TH ST. | | | | | | | | |
| | ¥ .=.=0 | | | | | | | | | |
| | | MCALLEN, TX 78504 | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| OF EXPENDITURE | | Event Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| | | Check if Austin, TX, officeholder living expense | | | | | | | | |
| | | PURCHASE OF MAILING LABELS FOR RETIREMENT FUNCTION | | | | | | | | |
| | | | | | | | | | | |
| Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH | | | | | | | | | | |
| | | | | | | | | | | |
| | Date | Payee name | | | | | | | | |
| | 08/14/2024 | PHARR PARKS & RECREATION | | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | | |
| | \$200.00 | 118 S. CAGE | | | | | | | | |
| | | | | | | | | | | |
| PHARR, TX 78577 | | | | | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | | |
| | OF EVDENDITUDE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | | | | | | |
| EXPENDITURE | | Candidate/Officeholder/Political Committee | | | | | | | | |
| ANNUAL SCHOLARSHIP FUND TOURNAMENT DONATION | | | | | | | | | | |
| | | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | | |
| L | expenditure to benefit C/O | <u></u> | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Condidate/Officebldor/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

| | Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | Legal Service | Memorials Expense es ction Guide explains | | /ages | Contract Labor | Travel Out of OTHER (ente | District er a category not listed above) | | |
|-------------------|--|--|--------------------------|---|--------------|----------|------------------------|------------------------------|---|--|--|
| | | 2 511 51 | | Chon Guide explains | 3 110W 10 CO | pic | | 2 Files ID | (Ethica Commission Filoro) | | |
| _ | Total pages Schedule F1: | | | /The lieue and ble | ` | | | 3 Filer ID | (Ethics Commission Filers) | | |
| | Sch: 12/14 Rpt: 17/22 | Ram | irez Jr., Mario E. | (The Honorable |) | | | 0002071 | 8 | | |
| 4 | Date | 5 Paye | e name | | | | | | | | |
| | 11/25/2024 | QUE | EN'S KITCHEN | | | | | | | | |
| 6 | Amount (\$) | 7 Paye | e address; Cit | y; State | e; Zip Co | de | | | | | |
| | \$1,059.00 | | S. CESAR CHA | | | | | | | | |
| | +=,000.00 | | OHO G. GLOVIK OFFICE KD. | | | | | | | | |
| | | | 40 TV 70540 | | | | | | | | |
| | | ALAI | MO, TX 78516 | | | | | | | | |
| 8 | PURPOSE | (a) Cate | ory (See Categories | listed at the top of this so | chedule) | (b) | Description | | | | |
| | OF EXPENDITURE | Ever | it Expense | | | | 브 | | Complete Schedule T. | | |
| | | | | | | | — | TX, officeholder liv | | | |
| | | | | | | | DESSERTIA | ABLE FOR R | RETIREMENT FUNCTION | | |
| | | | | | | | | | | | |
| 9 | Complete ONLY if direct | | late/Officeholder n | ame | Office sou | ght | | Office | held | | |
| | expenditure to benefit C/OI | 1 | | | | | | | | | |
| F | Date | Pave | e name | | | | | | | | |
| | 10/16/2024 | | LECT ME | | | | | | | | |
| | | | | Ctat | e; Zip Co | al a | | | | | |
| | Amount (\$) | | e address; Cit | , , | e, zip Co | ue | | | | | |
| | \$950.00 | /348 | 8 E. U.S. HWY. 8 | 3 | | | | | | | |
| | | | | | | | | | | | |
| | | RIO | GRANDE CITY, | TX 78582 | | | | | | | |
| PURPOSE | | (a) Cate | Ory (See Categories | listed at the top of this so | :hedule) | (b) | Description | | | | |
| OF EXPENDITURE | | | it Expense | | , | | | outside of Texas. C | Complete Schedule T. | | |
| | | | · | | | | Check if Austin, | TX, officeholder liv | ving expense | | |
| | | | | | | | | | BOOTH FOR | | |
| | | | | | | | RETIREMEN [*] | I FUNCTIO | N | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office h | | | | | | held | | | |
| | expenditure to benefit C/OI | -1 | | | | | | | | | |
| _ | Date | Dayra | | | | | | | | | |
| | | | e name | | | | | | | | |
| | 10/21/2024 | RUBIO, ELIUD (Mr.) | | | | | | | | | |
| | Amount (\$) | | e address; Cit | | e; Zip Co | de | | | | | |
| | \$70.00 | 1001 N. DOOLITTLE RD. | | | | | | | | | |
| | | | | | | | | | | | |
| | | EDIN | EDINBURG, TX 78539 | | | | | | | | |
| | PURPOSE | | | listed at the top of this so | ibo di ilo) | (h) | Description | | | | |
| | OF | | | | rnedule) | (2) | | outside of Texas. C | Complete Schedule T. | | |
| EXPENDITURE | | | | s/Donations Made By Officeholder/Political Commi | nittee | | Check if Austin, | TX, officeholder liv | ving expense | | |
| | | | | | | | BBQ FUNDRA | AISER TICK | ETS DONATION | | |
| | | | | | | | | | | | |
| | Complete ONLY if direct | Candic | late/Officeholder n | ame | Office sou | ght | | Office | held | | |
| | expenditure to benefit C/OI | | | | | J | | | | | |
| \vdash | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | | |
| | Sch: 13/14 Rpt: 18/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 | | | | | | | |
| 4 | Date | 5 Payee name | | | | | | | |
| | 10/09/2024 | TEXAS BAR FOUNDATION | | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | | |
| | \$250.00 | 515 CONGRESS AVE., SUITE 1755 | | | | | | | |
| | | | | | | | | | |
| | | AUSTIN, TX 78701 | | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| | OF EXPENDITURE | Contributions/Donations Made By | | | | | | | |
| | EXPENDITORE | Candidate/Officeholder/Political Committee | | | | | | | |
| | | DONATION | | | | | | | |
| | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | Date | Payee name | | | | | | | |
| | 10/09/2024 | TEXAS CENTER FOR THE JUDICIARY INC. | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$240.00 | 1210 SAN ANTONIO SUITE 800 | | | | | | | |
| | Ψ2-40.00 | 1210 0/11/11/10/11/0 00/11/2 000 | | | | | | | |
| | | ALICTINI, TV 70704 | | | | | | | |
| | | AUSTIN, TX 78701 | | | | | | | |
| PURPOSE | | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | | |
| OF EXPENDITURE | | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | | Candidate/Officeholder/Political Committee CONTRIBUTION | | | | | | | |
| | | CONTRIBOTION | | | | | | | |
| | Operation ONE Wife disease | One district Office helds | | | | | | | |
| | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | <u>'</u> | | | | | | | | |
| | Date | Payee name | | | | | | | |
| 09/24/2024 | | THE FATHER'S HOUSE | | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | | |
| | \$100.00 | 111 S. 11TH ST. | | | | | | | |
| | | | | | | | | | |
| | | MCALLEN, TX 78501 | | | | | | | |
| | PURPOSE | | | | | | | | |
| OF | | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By (b) Description Check if travel outside of Texas. Complete Schedule T. | | | | | | | |
| | EXPENDITURE | Candidate/Officeholder/Political Committee | | | | | | | |
| | | CHARITABLE DONATION FOR BBQ FUNDRAISER | | | | | | | |
| | | | | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | | |
| | expenditure to benefit C/OI | | | | | | | | |
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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

| | Contributing Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | | |
|----|---|--|---|--|--|--|--|--|
| 1 | Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | | | | | |
| | Sch: 14/14 Rpt: 19/22 | Ramirez Jr., Mario E. (The Honorable) 00020718 | | | | | | |
| 4 | Date | 5 Payee name | | | | | | |
| | 09/04/2024 | U. S. POSTMASTER | | | | | | |
| 6 | Amount (\$) | 7 Payee address; City; State; Zip Code | | | | | | |
| | \$219.00 | 410 S. JACKSON RD. | | | | | | |
| | | | | | | | | |
| | | EDINBURG, TX 78539 | | | | | | |
| 8 | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | | | | | |
| | OF EXPENDITURE | Event Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | LAFENDITORE | Check if Austin, TX, officeholder living expense | | | | | | |
| | | POSTAGE FOR MAILING OUT INVITATIONS FO | R | | | | | |
| | | RETIREMENT FUNCTION | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held H | | | | | | |
| _ | Date | Davisa rama | _ | | | | | |
| | 09/30/2024 | Payee name WILLIE B'S BARBEQUE | | | | | | |
| | | - | | | | | | |
| | Amount (\$) | Payee address; City; State; Zip Code | | | | | | |
| | \$165.33 | 114 E. LOEB STREET | | | | | | |
| | | | | | | | | |
| | | EDINBURG, TX 78539 | | | | | | |
| | PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | _ | | | | | |
| OF | | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. | | | | | | |
| | EXPENDITURE | Check if Austin, TX, officeholder living expense | | | | | | |
| | | FOOD AND BEVERAGES FOR KEY CAMPAIGN | | | | | | |
| | | WORKERS AND SUPPORTERS LUNCHEON | | | | | | |
| | Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | | | | | |
| | expenditure to benefit C/OI | H . | | | | | | |
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POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/2 Rpt: 20/22 Ramirez Jr., Mario E. (The Honorable) 00020718 Date Payee name 09/12/2024 FIFTH ADMINISTRATIVE JUDICIAL REGION OF TEXAS Amount (\$) Payee address; City: State; Zip Code \$350.00 200 N. ALMOND ST. Reimbursement from political contributions Х ALICE, TX 78332 intended **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** REGISTRTATION FEES FOR 2024 ANNUAL JUDICIAL CONFERENCE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2024 J. W. MARRIOTT HILL COUNTRY Amount (\$) Payee address; State; Zip Code City; \$853.17 23808 RESORT PARKWAY Reimbursement from political contributions Χ SAN ANTONIO, TX 78261 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** REIMBURSEMENT FOR HOTEL FEES FOR ANNUAL JUDICIAL CONFERENCE Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 07/19/2024 RAMIREZ, MARIO (The Honorable) City; Payee address; State; Zip Code Amount (\$) \$980.00 708 WATER LILY AVE. Reimbursement from Χ political contributions intended MCALLEN, TX 78504 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** 2024-2025 BROADWAY SEASON TICKETS FOR OFFICE HOLDER AND KEY CAMPAIGN Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/2 Rpt: 21/22 Ramirez Jr., Mario E. (The Honorable) 00020718 Date Payee name 09/12/2024 RAMIREZ, MARIO (The Honorable) Amount (\$) Payee address; State; Zip Code City: \$345.72 708 WATER LILY AVE. Reimbursement from political contributions Х intended MCALLEN, TX 78504 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense **MILEAGE EXPENDITURE** REIMBURSEMENT FOR MILEAGE TO ATTEND ANNUAL JUDICIAL CONF. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/12/2024 RAMIREZ, MARIO (The Honorable) Amount (\$) Payee address; City; State; Zip Code \$284.20 708 WATER LILY AVE. Reimbursement from political contributions Χ MCALLEN, TX 78504 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** REIMBURSEMENT FOR MEALS AND BEVERAGES FOR ANNUAL JUDICIAL CONFERENCE Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 22/22 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ramirez Jr., Mario E. (The Honorable) 00020718 8 Amount (\$) Date 5 Name of person from whom amount is received 11/06/2024 FIFTH JUDICIAL REGION \$1,551.33 6 Address of person from whom amount is received; City; State; Zip Code ALICE, TX 78332 7 Purpose for which amount is received Check if political contribution returned to filer REIMBURSEMENT FOR 2024 ANNUAL JUDICIAL EDUCATION CONFERENCE EXPENSES